ILLINOIS DEPARTMENT OF Healthcare and Family Services

Illinois Client Enrollment Services

Enrollment Form

Use this form to choose a health plan and a Primary Care Provider (PCP) for each person. Then sign and date this form. When you are done, please mail this form to us in the envelope we gave you.

Illinois Client Enrollment Services
P.O. Box 1337
Chicago, Illinois 60690

1.

Elizabeth Smith	Date of birth **10/26/1979**	ID **123123123**

Choose one health plan
☐ Family Health Network ☐ Harmony Health Plan ☐ Illinois Health Connect ☐ Meridian Health Plan

Name of the primary care provider (PCP) you have chosen	That provider's ID number *Call your doctor or call us to get the number*

You can choose not to answer these questions, but your answers will help the health plan make sure you get the care you need.

Is this person pregnant? ☐ Yes ☐ No *If yes,* when is the baby due?

Does this person have ☐ asthma ☐ diabetes ☐ other chronic or long-term illness What is the name of the doctor who treats this illness?	Does this person go to a specialist for other care? ☐ Yes ☐ No What is the name of the specialist?

2.

Thomas Smith	Date of birth **05/17/2001**	ID **456456456**

Choose one health plan
☐ Family Health Network ☐ Harmony Health Plan ☐ Illinois Health Connect ☐ Meridian Health Plan

Name of the primary care provider (PCP) you have chosen	That provider's ID number *Call your doctor or call us to get the number*

You can choose not to answer these questions, but your answers will help the health plan make sure you get the care you need.

Is this person pregnant? ☐ Yes ☐ No *If yes,* when is the baby due?

Does this person have ☐ asthma ☐ diabetes ☐ other chronic or long-term illness What is the name of the doctor who treats this illness?	Does this person go to a specialist for other care? ☐ Yes ☐ No What is the name of the specialist?

3. Sign below and mail this form back to us in the envelope we gave you.

Your signature	Date
Signature of anyone who helped you with this form	Date

Questions? Visit **www.EnrollHFS.Illinois.gov** or call **1-877-912-8880** (TTY: 1-866-565-8576). The call is free! You can get this information in other languages or formats, such as large print or audio. Tenemos información en español. Servicio de intérpretes gratis! Llame al 1-877-912-8880.

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